



INDEPENDENT CONTRACTOR APPLICATION

Contact Information			
Business Name:			
Your Name:			
Address:			
City:	State:	Zip:	
Business Phone:		Cell Phone:	
Email:			EIN# or SSN#
Year business started:		Are you interested in being one of our exclusive in house contractors? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a valid drivers license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a pick up truck? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, then can you drive a standard?) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a smart phone with a camera and unlimited data plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to commit to scheduling any job we get you for a period of one year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type(s) of work you can do and # of years experience with each:			
Speciality Equipment Owned (Tractor, Skid Steer, Mini Ex, Ditch Witch, Hydroseeder, Brush Hog, Etc.):			
List any local Vendors in which you have commercial or wholesale accounts:			